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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

nclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
SISN. HAMY DELANDO, F	(Printed or typed) PTON Arc Address L 3 28 State & Zip T	O6 JUN - 1 PH 3: 53 SECTOR DA. STELLAHASSEE, FLORDA

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> The name of the corporation shall be: AUTEN Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: mpton AUE/OBLANDO, FL. ARTICLE III PURPOSE The purpose for which the corporation is organized is: Wassion Cart ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Damala HUTEN, PRESIDENT REGISTERED AGENT name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: or MAA HUTGN 515 N. HAMPTON AUE/ The name and address of the Incorporator is: Fum a/a HUTEN 515 N, HAMPTON AUE/ KLANDO FL. / 32803 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificute, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: ANTEN Inc. ARTICLE II PRINCIPAL OFFICE AMPTON AUE/OBLANDO, FL. The principal place of business/mailing address is: ARTICLE III The purpose for which the corporation is organized is: Cassion Cart SHARES ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Damala HUTEN, PRESIDENT nd Florida street address (P.O. Box NOT acceptable) of the registered agent is: 10 HAMFION The name and address of the Incorporator is: 515 N. HAMPTON AUE/ 32803 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificute, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator